

Appendix 7.12 – Calendar Year 2019 Pharmacy Benefits

	<u>Standard PPO option</u>	<u>Premier PPO option</u>	<u>CDHP/HSA option</u>
RETAIL COPAY	\$14 Generic Drug	\$7 Generic Drug	20% Coinsurance
30 day supply	\$50 Formulary drugs \$100 non-Formulary brand	\$40 Formulary drugs \$90 non-Formulary brand	20% Coinsurance 20% Coinsurance
MAIL COPAY	\$28 Generic Drug	\$14 Generic Drug	20% Coinsurance
90 day supply	\$100 Formulary drugs \$200 non-Formulary brand	\$80 Formulary drugs \$180 non-Formulary brand	20% Coinsurance 20% Coinsurance
RETAIL 90 COPAY	\$28 Generic Drug	\$14 Generic Drug	20% Coinsurance
90 day supply	\$100 Formulary drugs \$200 non-Formulary brand	\$80 Formulary drugs \$180 non-Formulary brand	20% Coinsurance 20% Coinsurance
SPECIALTY COPAY	10% Coinsurance	10% Coinsurance	20% Coinsurance
30 day supply	(\$50 min; \$150 max)	(\$50 min; \$150 max)	
MAINTENANCE TIER (Requires a 90 day supply) certain higher dose and brand statins, Certain anti-hypertensives, Statins, depression, CAD, CHF, Asthma/COPD oral diabetic medications, insulins, and needles, test strips/lancets - 90 day supply via Mail Order or a Retail-90 pharmacy only State will provide the applicable GPIs	\$14 Generic Drug \$50 Formulary drugs \$180 non-Formulary brand	\$7 Generic Drug \$40 Formulary drugs \$160 non-Formulary brand	10% Coinsurance Without having to Meet deductible first

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In addition to the Premier PPO and Standard PPO, employees of Local Education and Local Government agencies also have 2 additional options (for a total of 4):

	<u>Limited PPO option</u>	<u>LOCAL CDHP/HSA option</u>
	\$100 Rx deductible per person, then-	
RETAIL COPAY	\$14 Generic Drug	30% Coinsurance
30 day supply	\$60 Formulary drugs	30% Coinsurance
	\$110 non-Formulary brand	30% Coinsurance
MAIL COPAY	\$28 Generic Drug	30% Coinsurance
90 day supply	\$120 Formulary drugs	30% Coinsurance
	\$220 non-Formulary brand	30% Coinsurance
RETAIL 90 COPAY	\$28 Generic Drug	30% Coinsurance
90 day supply	\$120 Formulary drugs	30% Coinsurance
	\$220 non-Formulary brand	30% Coinsurance
SPECIALTY COPAY	10% Coinsurance	30% Coinsurance
30 day supply	(\$50 min; \$150 max)	
MAINTENANCE TIER (Requires a 90 day supply) certain higher dose and brand statins, Certain anti-hypertensives, Statins, depression, CAD, CHF, Asthma/COPD oral diabetic medications, insulins, and needles, test strips/lancets - 90 day supply via Mail Order or a Retail-90 pharmacy only State will provide the applicable GPIs	\$14 Generic Drug \$60 Formulary drugs \$200 non-Formulary brand	20% Coinsurance Without having to Meet deductible first

